MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09960

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 57 New Cut Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) 57 New Cut Road

3. NAME OF DECEASED (Type or Print): (First) ARRIE (Middle) BUTLER (Last) BALDWIN

4. DATE OF DEATH: (Month) October (Day) 18, (Year) 1951.

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 29, 1868.

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Thomas

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) — —

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Ruth E. Scott, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
422.1
422
(b)
(c) Arteriosclerotic Cardio-Vascular Disease — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1947, to Oct 18, 1951, that I last saw the deceased alive on Oct 18, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

William F. Jasaway M.D. Ellicott City, Md. 10/18/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 10/22/51. | NAME OF CEMETERY OR CREMATORY: Old Fellows Cemetery | LOCATION (City, town, or county) (State): Elkridge, Md.

DATE REC'D BY LOCAL REG.: Oct. 22, 1951 | REGISTRAR'S SIGNATURE: John B. Longhran. Per. B. E. L. | 24. FUNERAL DIRECTOR / ADDRESS: Easton Sons, Ellicott City, Md.

RECEIVED
OCT 24 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09961

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Howard
City or town Hanover
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Md. County Howard
City or town Hanover
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Rachel G. Butler

3. (b) Social Security Number

4. Sex: ~~Male~~ Female
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Harry Butler
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 89 | Months | Days | If less than one day: hrs. min.

9. Birthplace: a. a. Co. Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home
MOTHER 12. Name: Matilda
FATHER 13. Birthplace: unknown
MOTHER 14. Maiden name
15. Birthplace: a. a. Co. Md.
16. Informant: Mrs. Agnes Gables
Address: Hanover Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: October 16 1951 (month) (day) (year)
Cemetery or crematory: St. Rest
Location: Hanover Md
18. Funeral director: Mrs. Katie R. Williams
Address: 322 N. Schroder St. Hanover Md.
19. Oct. 16 1951 (Date rec'd by registrar) (Mrs.) Katie R. Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1951 at 9:50 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 20 1950 to October 17 1951 and that I last saw h.er alive on October 10 1951
Immediate cause of death: Apoplexy — DURATION: 3 days
Due to: Cerebral Hemorrhage
Due to: Hypertention - Heart disease
Other conditions:
331 X (Include pregnancy within 3 months of death)
Major findings of operation:
None — Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE Thos. J. Woolridge M.D.
Address R4 Box 217 Elkridge 27 Md. M. D. or other
Date signed 10-15-'51

RECEIVED
OCT 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09962 190

Reg. Dist. No. 1-94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Howard; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge Rural
LENGTH OF STAY (In this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge Rural
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print): (First) ALFRED (Middle) (Last) COHEN
4. DATE OF DEATH: (Month) October (Day) 30 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 3/15/1901
9. AGE last birthday: 50 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trailer Park Owner
10b. KIND OF BUSINESS OR INDUSTRY: Park trailer
11. BIRTHPLACE (State or foreign country): Toronto, Canada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Moses Cohen
14. MOTHER'S MAIDEN NAME: Hilda Squaller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Ruth Cohen, Elkridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion due to coronary arteriosclerosis

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William V. Lovitt (Degree or title) ADDRESS: 700 Fleet St., Baltimore 2, Md. DATE SIGNED: Oct. 31, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-4-51
NAME OF CEMETERY OR CREMATORY: Mt Jacob
LOCATION (City, town, or county) (State): Philadelphia Pa.

DATE REC'D BY LOCAL REG. #1-51
REGISTRAR'S SIGNATURE: John B. Leighton
24. FUNERAL DIRECTOR: F. C. Higinbotham ADDRESS: Ellicott City Md

(Miss) E. Bird Williams, Registrar 11/26/51

290836

RECEIVED
NOV 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09963

CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Howard; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dayton Rural; LENGTH OF STAY (In this place):; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dayton (Rural); STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) H. (Last) Johnson

4. DATE OF DEATH: (Month) (Day) (Year) 10-31-51 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 9-2-1862

9. AGE last birthday: 89 yrs.

If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Dayton, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ulysses Johnson

14. MOTHER'S MAIDEN NAME: Sarah Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: T. Hardy Johnson, Dayton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic heart failure	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic heart disease & myocardial insufficiency	10 yrs.
	(c)	

420.1
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5, 1951, to Oct 31, 1951, that I last saw the deceased alive on Oct 30, 1951, and that death occurred at 6.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. ADDRESS: Clarksville, Md. DATE SIGNED: 11/2/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11-2-51

NAME OF CEMETERY OR CREMATORY: Linthicum Chapel

LOCATION (City, town, or county) (State): Clarksville, Md.

DATE REC'D BY LOCAL REG.: 11-3-51

REGISTRAR'S SIGNATURE: Marie A. Whitaker

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

VS. A15

12-0105

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09964 195 239

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOSEPHINE (Middle) FRANCES (Last) LUSK

4. DATE OF DEATH: (Month) October (Day) 7 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 24 1880

9. AGE last birthday: 70 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Blacksburg Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Morris

14. MOTHER'S MAIDEN NAME: Sarah Ann Surface

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Kathryn Dryden, Sykesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 7 months

420.1 / 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-21-50 19..., to 10-7..., 1951, that I last saw the deceased alive on 10-7..., 1951, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE: Wm. R. Bunge (Degree or title) M.D. ADDRESS: Laurel DATE SIGNED: 10-8-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: October 10 1951

NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Park

LOCATION (City, town, or county) (State): Harney, Maryland

DATE REC'D BY LOCAL REGISTRAR: OCT 10-1951

REGISTRAR'S SIGNATURE: Clara Hoshup

24. FUNERAL DIRECTOR: DeWitt Donaldson

ADDRESS: Laurel, Md.

Mark M. Brashears Dr. H. & Shipley

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Daylon; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Daylon; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Rebecca (Last) Tyler

4. DATE OF DEATH: (Month) Oct (Day) 17 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 12, 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Howard Co, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William H. Thomas

14. MOTHER'S MAIDEN NAME: Elizabeth Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Ella Bacon (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute cardiac failure	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery occlusion	1 hour
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pott's fracture, left ankle — 1 month

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/11, 19 46, to 10/17, 19 51, that I last saw the deceased alive on 10/17, 19 51, and that death occurred at 7:10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. ADDRESS: Clarksville Rd. DATE SIGNED: 10/19/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10/20/51

NAME OF CEMETERY OR CREMATORY: Browns Chapel

LOCATION (City, town, or county) (State): Daylon, Md

DATE REC'D BY LOCAL REG. 10-19-51

REGISTRAR'S SIGNATURE: Maria A. Whitaker

24. FUNERAL DIRECTOR: Robert L. Snowden ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge Rural
LENGTH OF STAY (in this place) 11 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kit-Kat Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge Rural
STREET ADDRESS (If rural, give location) Rt. Kat Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Pennel (Last) Palmer
4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1957
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: March 1881
9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lumber Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Montgomery Co Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Benjamin P Palmer
14. MOTHER'S MAIDEN NAME: Mary J. Marshall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mary Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 8 yrs

422 / 332 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1, 1957, to 10/15, 1957, that I last saw the deceased alive on 10/15, 1957, and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE: Robert J McCreary (Degree or title) M D — ADDRESS: 40 — Main St Laurel Md — DATE SIGNED: 10/15/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/18/57 — NAME OF CEMETERY OR CREMATORY: Quaker Meeting House Cemetery — LOCATION (City, town, or county) (State): Sandy Springs, Maryland

DATE REC'D BY LOCAL REG.: 10/16/57 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR — ADDRESS: Wm. Cook Inc. 1217 St. Paul St.

VS. A-6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ell. City; MARYLAND; LENGTH OF STAY (in this place) 12 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 227 R.D.#4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ell. City; STREET ADDRESS (If rural, give location) Box 227 R.D.#4

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Roe (Last) [illegible]

4. DATE OF DEATH: (Month) (Day) (Year) 19[illegible]

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday: 60 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

152 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10-5-57

NAME OF CEMETERY OR CREMATORY Baltimore

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 10/2/57

REGISTRAR'S SIGNATURE A W Redmond

24. FUNERAL DIRECTOR H.J. Ruck

ADDRESS 5305 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fells Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural give location): Fells Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Thomas (Last)

4. DATE OF DEATH: (Month) 10-22-51 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Day Work

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Carrie Matthews, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval between onset and death: Immediate

422.1 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerotic Cardio-vascular Disease. — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1947, to Oct. 22, 1951, that I last saw the deceased alive on Oct 20, 1951, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE: John B. Longshaw (Degree or title): M.C. ADDRESS: Ellicott City, Md. DATE SIGNED: 10/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 10-25-51
NAME OF CEMETERY OR CREMATORY: Locust Chapel
LOCATION (City, town, or county) (State): Simpsonville, Md.

DATE REC'D BY LOCAL REG.: Oct. 24, 1951
REGISTRAR'S SIGNATURE: John B. Longshaw Dr. J.B.C.L.

24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md.
ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15A

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Ellicott City
   LENGTH OF STAY (In this place) 2 years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #40 Ellicott City

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Ellicott City
   STREET ADDRESS (If rural, give location) Route #40 Ellicott City

3. NAME OF DECEASED (Type or Print): (First) LEONARD (Middle) F. (Last) ULRICH

4. DATE OF DEATH: (Month) 10 (Day) 9 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 1-13-1888

9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CAT JOB LABORER

10b. KIND OF BUSINESS OR INDUSTRY: odd jobs

11. BIRTHPLACE (State or foreign country): WISCONSIN

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ALBERT ULRICH

14. MOTHER'S MAIDEN NAME: AUGUSTA SCHROEER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 390-01-4043

17. INFORMANT AND ADDRESS: STOKES & SONS INC, EAU CLAIRE WIS.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) GUNSHOT Wound of CHEST	INSTANT
176X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
164c	(c)	

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

21a. DATE OF OPERATION: none

21b. MAJOR FINDINGS OF OPERATION: none

22. AUTOPSY? Yes ☐ No ☒

23. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: HOME

(CITY OR TOWN) Ellicott City (COUNTY) Howard (STATE) Md.

TIME OF INJURY (Month) 10 (Day) 9 (Year) 51 (Hour) 10 A.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? SHOT SELF IN CHEST WITH 22 Cal. Rifle IN Yard of home

24. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burtoft (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 10-9-51

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

25. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 10-13-51 | NAME OF CEMETERY OR CREMATORY: GERMAN LUTH CEM | LOCATION (City, town, or county) (State): EAU CLAIRE, WIS.

DATE REC'D BY LOCAL REG. Oct. 10, 1951 | REGISTRAR'S SIGNATURE Thos B. Langham.

26. FUNERAL DIRECTOR: F. C. HIGGINBOTHAM, ELLICOTT CITY Md. ADDRESS

Thos. B. E. L.

FilmG137 11/13/51 items 11,13,14, & 17. ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY HOWARD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELLICOTT CITY | LENGTH OF STAY (In this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS PINEL CLINIC

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 17
STREET ADDRESS (If rural, give location) 2212 BROOKFIELD AVE.

3. NAME OF DECEASED (Type or Print): (First) LEBA (Middle) (Last) WINN
4. DATE OF DEATH: (Month) OCT. (Day) 6 (Year) 1951

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W.			66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): RUSSIA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mordai
14. MOTHER'S MAIDEN NAME: Zlota
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Peter [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) BRONCHO PNEUMONIA — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE — 8 WEEKS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PSYCHOSIS DUE TO ARTERIOSCLEROSIS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from SEPT. 18, 1951, to OCT. 6, 1951, that I last saw the deceased alive on OCTOBER 5, 1951, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irving J. Taylor	M.D.	PINEL CLINIC ELLICOTT CITY, MD.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10-7-51	Mt Carmel	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-7-51	Baltimore City Health Dept.	Welch Jones Inc	2100 Gutaw St

John 13. Dan. Coughran

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09971

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville Rt 2; MARYLAND; LENGTH OF STAY (in this place) 5 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Router

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville Md; STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED (Type or Print): (First) Ferdinand (Middle) J. (Last) Wolf

4. DATE OF DEATH: (Month) Oct (Day) 14 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 26 1894

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bread Cake Baker

10b. KIND OF BUSINESS OR INDUSTRY: Retail Bakery

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Wolf

14. MOTHER'S MAIDEN NAME: Barbara M. Hasselberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-22-3904

17. INFORMANT: Anna M. Wolf Marriottsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer — Interval Between Onset and Death: 1 year

Antecedent cause(s)

180X

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

52a

(b)

(c) Carcinoma, left kidney — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1951, to Oct. 14, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE: William F. Sassaway | (Degree or title) M.D. | ADDRESS Ellicott City, Md. | DATE SIGNED 10/14/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Oct 17-1951 | NAME OF CEMETERY OR CREMATORY Meadowridge Cem | LOCATION (City, town, or county) Howard Co (State) Md

DATE REC'D BY LOCAL REG. 10/15/51 | REGISTRAR'S SIGNATURE C W Hedrick | 24. FUNERAL DIRECTOR: Robt C & B.M. Walter | ADDRESS Ellicott City Md

500416

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09972

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Howard Elkridge Md
City or town Baltimore Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
300 Fairview ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Howard
City or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 300 Fairview Ave
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME Amanda Wood

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	W

6.(b) Name of husband or wife John
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 15, 1853

8. AGE: Years 98 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace N. C
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Thos. Talley
13. Birthplace N. C

MOTHER 14. Maiden name Elnora
15. Birthplace N. C

16. Informant Mrs W. Craddock
Address 300 Fairview Ave

17. Burial Date thereof 10/4/51
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Arbutus
Location Arbutus Md

18. Funeral director Reg. E. Kelson
Address 1303 Presstman St

19. Oct 2 1951 A W Kenney
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1951 at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2 1951 to Oct 1 1951
and that I last saw her alive on October 1 1951

Immediate cause of death	DURATION
Cardio Valvular Disease	
Due to	
Due to	
Other conditions	

422.1
93d
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. O. Woolridge M.D.
M. D. or other
Address Elkridge Md Date signed Oct 1951